

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>02-12</b>	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>August 5, 2002</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN    ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN    ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.40 (b) and 441 Subpart B</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> <b>\$1,159.94</b> b. FFY <u>2003</u> <b>\$7,899.51</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Item 4.b., Page 3</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 00-12)</b>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to ensure access to psychological and behavioral services for Medicaid recipients up to the age of twenty-one by encouraging the participation of qualified providers in the Medicaid program.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT    ☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>David W. Hood</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>September 13, 2002</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>20 SEPTEMBER 2002</b>	18. DATE APPROVED: <b>14 NOVEMBER 2002</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>5 AUGUST 2002</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>ANDREW A. FREDRICKSON</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID</b>

23. REMARKS:

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care Services Item 4.b. (cont.)

2. Standards for Payment

Reimbursement is provided to chiropractors who are licensed by the State to provide chiropractic care and services and who are enrolled in the Medicaid program as a provider.

D. Psychological and Behavioral Services

1. Method of Payment

Reimbursement for EPSDT psychological and behavioral services shall be based on seventy percent (70%) of the allowable rate on the 2002 Medicare Fee Schedule for Area 1.

2. Standards for Payment

In order to receive reimbursement as a Medicaid provider of EPSDT psychological and behavioral services, psychologists must provide verification that they meet all of the following qualifications:

- a. have a PH.D;
- b. be licensed to practice within the State of Louisiana; and
- c. be professionally qualified to treat children, or to treat children and/or adults with Pervasive Developmental Disorders (PDD) including autism, and /or developmental disorders.

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STATE <u>Louisiana</u>	
DATE REC'D <u>9-20-02</u>	
DATE APP'D <u>11-14-02</u>	
DATE EFF <u>8-5-02</u>	
HCFA 179 <u>LA 02-12</u>	

NOTE: Christian Science Nurses:

Christian Science Nurses are not licensed to practice in the State.

Christian Science Sanatoria:

There are no Christian Science Sanatoria facilities in the State.

SUPERSEDES IN LA 00-12

TN# LA 02-12 Approval Date 11-14-02 Effective Date 8-5-02  
Supersedes

TN# LA 00-12